

SCANNED

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IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE

DIVISION

U.S. DISTRICT COURT
MID. DIST. TENN.

Erick D. White Name)

Prison Id. No. 179580)

Name)

Prison Id. No. _____)

Plaintiff(s))

(List the names of all the plaintiffs
filing this lawsuit. Do not use "et
al." Attach additional sheets if
necessary.)

Civil Action No. _____
(To be assigned by the Clerk's
office. Do not write in this space.)

Jury Trial ☒ Yes ☐ No

v.)

Metro Davidson County Detention
Facility Corrections Corporation of America
Nash. Tenn. Name)

Mental Health Dept. Medical Commission
Depts. Name)

Defendant(s))

(List the names of all defendants
against whom you are filing this
lawsuit. Do not use "et al." Attach
additional sheets if necessary.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
FILED PURSUANT TO 42 U.S.C. § 1983

I. PREVIOUS LAWSUITS (The following information must be provided by each plaintiff.)

A. Have you or any of the other plaintiffs in this lawsuit filed any other lawsuits in the United States District Court for the Middle District of Tennessee, or in any other federal or state court?

☒ Yes ☐ No

B. If you checked the box marked "Yes" above, provide the following information:

1. Parties to the previous lawsuit:

Plaintiffs

Erick D. White / Lovell Glanton

Defendants

(1)

2. In what court did you file the previous lawsuit? N/A

(If you filed the lawsuit in federal court, provide the name of the District. If you filed the lawsuit in state court, provide the name of the state and the county.)

3. What was the case number of the previous lawsuit? N/A

4. What was the Judge's name to whom the case was assigned? N/A

5. When did you file the previous lawsuit? approx. 2007 or 2008 (Provide the year, if you do not know the exact date.)

6. What was the result of the previous lawsuit? For example, was the case dismissed, appealed, or still pending? settled out

7. When was the previous lawsuit decided by the court? approx 2007 or 2008 (Provide the year, if you do not know the exact date.)

8. Did the circumstances of the prior lawsuit involve the same facts or circumstances that you are alleging in this lawsuit.

☐ Yes ☒ No

(If you have filed more than one prior lawsuit, list the additional lawsuit(s) on a separate sheet of paper, and provide the same information for the additional lawsuit(s).)

II. THE PLAINTIFF'S CURRENT PLACE OF CONFINEMENT (The following information must be provided by each plaintiff.)

A. What is the name and address of the prison or jail in which you are currently incarcerated? 448 2nd AVE North - Davidson County Sheriff's office, Nash, Tenn 37201

B. Are the facts of your lawsuit related to your present confinement?

☒ Yes ☐ No

C. If you checked the box marked "No" in question II.B above, provide the name and address of the prison or jail to which the facts of this lawsuit pertain.

N/A

D. Do the facts of your lawsuit relate to your confinement in a Tennessee State Prison?

☐ Yes ☒ No

If you checked the box marked "No," proceed to question II.H.

E. If you checked the box marked "Yes" in question II.D above, have you presented these facts to the prison authorities through the state grievance procedure?

☐ Yes ☐ No

F. If you checked the box marked "Yes" in question II.E above:

1. What steps did you take? N/A

2. What was the response of prison authorities? N/A

G. If you checked the box marked "No" in question II.E above, explain why not. N/A

H. Do the facts of your lawsuit pertain to your confinement in a detention facility operated by city or county law enforcement agencies (for example, city or county jail, workhouse, etc.)?

☒ Yes ☐ No

I. If you checked the box marked "Yes" in question II.H above, have you presented these facts to the authorities who operate the detention facility?

☒ Yes ☐ No

J. If you checked the box marked "Yes" in question II.I above:

1. What steps did you take? Filed informals and then filed an formal Grievance, Appeal grievances and did Not get an response on several grievance filings that went to the warden

2. What was the response of the authorities who run the detention facility? The Warden had Never responded to any of my grievance Appeals if He did I never recieved the response.

L. If you checked the box marked "No" in question II.I above, explain why not. _____

Attach copies of all grievance related materials including, at a minimum, a copy of the grievance you filed on each issue raised in this complaint, the prison's or jail's response to that grievance, and the result of any appeal you took from an initial denial of your grievance.

III. PARTIES TO THIS LAWSUIT

A. Plaintiff(s) bringing this lawsuit:

1. Name of the first plaintiff: Erick D. White

Prison Id. No. of the first plaintiff: # 179580

Address of the first plaintiff: 448 2nd Ave North - Davidson County
Sheriff's Office, NASH, Tenn 37201

(Include the name of the institution and mailing address, including zip code.
If you change your address you must notify the Court immediately.)

2. Name of second the plaintiff: N/A

Prison Id. No. of the second plaintiff: N/A

Address of the second plaintiff: N/A

(Include the name of the institution and mailing address, including zip code.
If you change your address you must notify the Court immediately.)

If there are more than two plaintiffs, list their names, prison identification numbers, and addresses on a separate sheet of paper.

B. Defendant(s) against whom this lawsuit is being brought:

1. Name of the first defendant: (Warden) (Administration) (Dept. Heads)
Metro Davidson County Detention Facility
Corrections Corporation of America, Nashville, Tennessee (ENTIRETY) ^{metropolitan government}

Place of employment of the first defendant: Metro Davidson County
Detention Facility Corrections Corporation of America, Nash, Tenn

The first defendant's address: 5115 Harding Place, Nashville,
Tennessee 37211

Named in official capacity? ☒ Yes ☐ No

Named in individual capacity? ☐ Yes ☐ No

2. Name of the second defendant: (Mental Health Dept.)
Lt. Stacy Turner, 403 Weidsta + c/o Beasley, (Medical Dept)
Warden, Leibach / Administration / Grievance Coordinators / CCA ^{eye glasses, woods} Consignatory Dept

Place of employment of the second defendant: Metro Davidson County Detention Facility
Corrections Corporation of America, Nashville, Tennessee, Metropolitan Government

The second defendant's address: 5115 Harding Place Nashville,
Tennessee 37211

Named in official capacity? ☒ Yes ☐ No

Named in individual capacity? ☐ Yes ☐ No

If there are more than two defendants against whom you are bringing this lawsuit, you must list on a separate sheet of paper the name of each additional defendant, their place of employment, their address, and the capacity in which you are suing them. If you do not provide the names of such additional defendants, they will not be included in your lawsuit. If you do not provide their proper name, place of employment, and address, the Clerk will be unable to serve them should process issue.

IV. STATEMENT OF FACTS

State the relevant facts of your case as briefly as possible. Include the dates when the incidents or events occurred, where they occurred, and how each defendant was involved. Be sure to include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim, number each claim separately and set forth each claim in a separate paragraph. Attach additional sheets, if necessary. Use 8 1/2 in. x 11 in. paper. Write on one side only, and leave a 1 in. margin on all four sides.

On June 19, 2013 I arrived at Metro Davidson County Detention Facility, Corrections Corporation of America. After informing them of my need of my prescribed medication order by Dr. Hiley Alford for respect. Mrs. Stacy Turner said that there was no need for my medication. I informed her that I blank out at times and that the medication is needed. I informed her that my psychiatrist works at Clam Lloyd M.D. After putting in request form to see the psychiatrist they said that I could about this approach I was still given my medication. After filing an informed and getting a response on 10-15-2013 I filed a grievance 10-29-2013 and grievance was heard by HSA Inman. I informed her that I wanted to appeal the outcome. She stated I couldn't I had to wait and see what management response was going to be. I informed grievance coordinator Rimmer about it and she said that she was not suppose to do that and I turned the report back in to Mrs. Inman on 11-14-2013 personally in her hand. I have been going through this from the staff at this Detention Facility since my stay there on 10-15-2013 I was shipped to Davidson County Sheriff's office.

V. RELIEF REQUESTED: Specify what relief you are requesting against each defendant.

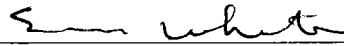
Claim # 1

- A.
- B.
- C.
- D.
- E.

F. I request a jury trial. ☒ Yes ☐ No

VI. CERTIFICATION

I (we) certify under the penalty of perjury that the foregoing complaint is true to the best of my (our) information, knowledge and belief.

Signature:  Date: 12-16-2013

Prison Id. No. 179580

Address: 448 2nd Ave North DCSD Nash, Tenn 37201 OR
P.O. Box 196383 Nash, Tenn 37219-6383

(Include the city, state and zip code.)

Signature: _____ Date: _____

Prison Id. No. _____

Address: _____

(Include the city, state and zip code.)

ALL PLAINTIFFS MUST SIGN AND DATE THE COMPLAINT, and provide the information listed above. If there are more than two plaintiffs, attach a separate sheet of paper with their signatures, dates, prison identification numbers, and addresses.

ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED IN FORMA PAUPERIS, if not paying the civil filing fee.

SUBMIT THE COMPLAINT, THE REQUIRED FILING FEE, OR APPLICATION TO PROCEED IN FORMA PAUPERIS, TOGETHER. Complaints received without the required filing fee or application to proceed *in forma pauperis* will be returned. Filing fees, or applications to proceed *in forma pauperis*, received without a complaint will be returned.

on June 19, 2013, upon arrival at CCA/MOCDF I was given an intake screening. I had let ^{them} Mr. Turner about my mental Health situation. I informed her that I was suppose to be on Risperidol medication prescribed By psychiatrist Dr. Hilery Aktudo who practices at Elam Lloyd C.M.D. 1005 D.B. TODD JR. Blvd. I informed her that I needed my medication cause I black out all times and has tries to commit suicide several times, after informing her of this she still took upon her self to say that she is NOT going to contact Mr. Aktudo cause CCA does not do that, so after that she states that if I need to see the psychiatrist later to fill out an inmate request form or a sick call. After being at CCA/MOCDF and experiencing deep depression stages I filled out request forms to speak with mental Health to see can that get me my medication. After putting in request after request and not receiving an response I put in an Informal resolution that is required before an Inmate can go to the grievance process, finally after going to the library and researching the policy and reading the prisoners and constitutional ^{rights} about medical and mental Health treatment that is due to an inmate. I found out that ^{I was not getting adequate} my medical and mental Health treatment ^{and} was being denied deliberately, on 10-7-2013 while going to school I saw Mr. Blanford and spoke to him about why mental Health is not responding to my Inmate request forms, on 10-4-13 I filed an Informal resolution on mental Health dept on 10-9-13 I filed an Informal resolution on mental Health dept on 10-15-13 I filed an formal Grievance about the response I received from the Informal about being neglected proper mental Health treatment.

{ Rights of Prisoners 4th Edition by Michael Mushlin. Delays in providing needed psychiatrist care violate the constitution. Failure to follow through on needed treatment ordered by a Doctor violate the eighth amendment. Due to the fact that this is not the first time that this has happened since I arrived at CCA/MOCDF, I am showing the court that this is a deliberate indifference by this correction corporation of America. After filing the formal Grievance I was giving misleading information by Hon INMAN. After trying to get this problem resolved

Elin White ^{mental Health}

Without having to file a 1983 I was still being denied my right to a prescribed prescription by a Doctor. On 10-20-2013 C.O. Taylor called Lt Holguist about an outbreak I had. Lt Holguist Emailed Mental Health Kimmelman. On 10-21-2013 Kimmelman came to speak with me shortly and said that he would talk to Mr. Turner. Had copies of The Informal and grievance but had to send it to the warden when I Appealed the response. Never recieved the response from warden

Em white

Claim #1 Mental Health

- 1) Warden Leibach-MDCDF-5115 HARDING PLACE, Nash, Tenn 37211
- 2) Administration/Personnel-in its entirety-5115 Harding Place Nash, Tenn 37211
- 3) Corrections Corporation of America/Administration/Personnel-in its entirety
- 4) Metro Politian Government of Nashville and Davidson County
- 5) LIP Stacy Turner-MDCDF-5115 HARDING PLACE, Nash, Tenn 37211.

Defendants also

Requested Relief

in its entirety

- 1) Asking for One hundred million Dollars and zero cents for pain and suffering ~~psychological~~ psychological and physical pain. Violation of my constitutional rights to proper treatment
- 2) Requesting that when an employee is hired that, that are properly train and that, that are familiar with the rights of inmates and that, that they are aware of the constitutional rights of inmates. ~~That the employee is fully~~
- 3) That the employee is fully familiar with the Dept that they are working.

I Request a Jury trial. (YES) NO

Em white

Defendant Name at the bottom

INMATE REQUEST FORM

(Specificity)

Request: I would like a copy of my Mental Health chart from MOSAIC.
Please I saw the doctors there in 2011 (Mental Health)

Date 10-28-2013

sponse: Yes well, need to restruct those records from
 10 So because we do not share access to those. Thanks!

MOORE - 5115 HARDING P.
Nash/Tenn 37211
Date

800107-3054



On June 22, 2013 I wrote Erick D. White #179580 filled out an sickcall at CCA/MDC15. After seen by Nurse about eyes I was scheduled for the eye Doctor on 6-25-2013. After a couple of months I ask Medical staff about when the eye Doctor will show up. On 9-16-2013 G/Swerdsky informed me at 5:55pm that I was scheduled for an eye appointment earlier that morning. I ask him why wasn't I called and G/Swerdsky states Medical didn't call for you, so I filled an informal resolution about the situation. After the Informal was heard I appealed it and filled out an grievance. After a while of complaining about my glasses I was experiencing Migraine Headaches due to the fact that I was without my glasses for so long. After I filled out the grievance it was heard and I appealed the decision. After I appealed it to the warden it was never returned or I never heard anything about that grievance. Prisoners rights book TITLE 4:15 eye care by Michael Muchlin states: "The same general principles apply to eye care that apply to any other form of medical care. Thus, delay or denial of care if sufficiently serious, is a violation of the constitution. Inmates are entitled to corrective glasses and a failure to provide them, unless only for a short time, will result in liability. After my grievances kept going unanswered I sent warden Leibach an Inmate request form to schedule a meeting about why my grievances aren't being heard when I was appealing them. The warden Secretary C. McCurry sent a response saying a meeting was scheduled for next week to discuss my concerns. Sent the copy of the Informal and grievance to warden and never received the response or the copies back.

Requested relief

- 1). I would like to be compensated ten million Dollars and zero due to that this is a serious medical need. I suffered from Migraine Headaches, psychological stress and physical pain.
- 2). That adequate medical treatment is a priority. That the medical staff take inmates Health serious and that they are fully aware of the rights of inmates and the proper guidelines that is suppose to be given due to the fact that its our constitutional right to receive adequate medical treat,

I request a Jury trial (yes) NO

Erick White

claim #3

Commissary Dept

On 10-11-13 I yiled an Informal for NOT recieving my Indigent Package. on 10-17-2013 Vendor Smith responds to the Informal and stated that they only bring Indigent once a month. I told him that that would violate the policy and procedure of Metro Davidson County Detention Facility. Vendor Smith stated that I wouldnt receive it regardless. I wrote an formal grievance on 10-24-13, on 11-16-2013 Vendor Zakhnins heard the grievance and stated the same thing as Vendor Smith. I tried to appeal the grievance but as you can see someone wrote on the grievance to treat it as an Informal when an Informal was already filed and heard. My forms were filed late at times cause I couldnt get the forms I needed to file by the time limit. Attached to the claim I have an account balance to show that I went from 8-31-2013 to 10-30-13 without any money my books and never recieved an indigent package at all.

Requested relief

1). That I be compensated One million Dollars and zero cents for psychological stress, pain and suffering due to the fact that I already suffer from a mental condition and that my ~~own~~ rights have been violated deliberately.

2). That The ~~Department~~ Department Heads and CCA Corporation follow the policy and procedure that legislation has hand down and that which has been mandated.

I request a Jury trial ~~yes~~ No

E. White

INMATE/RESIDENT GRIEVANCE

Claim #3

OCT 28 2013

FULL NAME:	Erick Newton White
NUMBER:	179580
HOUSING ASSIGNMENT:	H-Unit 207

INFORMAL RESOLUTION ATTACHED (Not required for an emergency grievance)? ☐ YES ☒ NO

GRIEVANCE CATEGORY (CIRCLE ONE):

1. Facility Staff	8. Dental Services	15. Housing
2. Access to Legal Materials	9. Mental Health Services	16. Laundry
3. Denied Access to Informal Resolution/Grievance Process	10. Trust Account	17. Recreation
4. Reprisal for Using Informal Resolution/Grievance Process	11. Commissary	18. Visitation
5. Safety/Security	12. Food Service	19. Programs-education, work, religious, etc.
6. Sanitation	13. Mail	20. Violations of federal or state regulations, laws, court decisions (i.e. ADA or Constitutional rights)
7. Medical Services	14. Intake	21. Other

STATE GRIEVANCE: Include documentation, witnesses, date of incident, and any other information pertaining to the grievance subject. Attach additional pages if necessary.

On 10-17-2013 an Informal I filed about Not receiving my indigent was heard by Vendor Mr. Smith. Mr. Smith stated that they only going to bring indigent once a month and that they had already brought it the week before. I told him that that would violate my Constitutional right and would violate CCA Corrections Corporation of America policy and handbook. I haven't had any money on my account since 8-31-2013. Today is 10-24-13 and my indigent package still hasn't been brought. On page 57 of the 2013-2014 CCA Inmate Handbook it states that if you don't have money on your account you may be eligible for indigent services. Indigent inmates are those who have an account balance of \$100 or less for 30 days preceding their request. Per your request an indigent inmate will receive eight stamped envelopes, twelve sheets of paper, 1 razor, one pen, two soap bars, one deodorant, one tube of toothpaste, and three bars of soap monthly. Now it has been almost 60 days for me and I haven't received anything. This is real bad and unprofessional and a violation of my Human Rights also. Being Deprived of my necessities - two

Requested Action: (Attach additional pages if necessary)

This type of problem could cause psychological problems, stress problems, emotional problems and so on. I would like for inmates/residents to be treated fairly as respectable human beings no matter the circumstances. As employees of Corrections Corporation of America professionalism is required and expected at all times. One's personal problem has to be set aside due to the fact that an agreement was made once an employee or contractor employee signed on with the corporation. If an inmate/resident rights aren't being respected Corrections Corporation of America has to be held accountable and suffering in the amount of two hundred and fifty dollars and 20 cents. That proper training is done when an employee is hired to the Corrections Corporation of America. Thanks very much and have a blessed day.

Inmate/Resident's Signature: Erick WhiteDate Submitted: 10-24-2013

RESPONDING STAFF MEMBER'S REPORT (attach additional pages if necessary. All pages must include the grievance number.)

Mr White's balance went below \$5 on 8/31/13. ~~0000~~ For 257 of the inmate handbook, inmates may ~~0000~~ ^{submit} indigent request. After 30 days of having less than \$5 on his/her books. Mr. White's indigent request was received in late September, with sheets being collected on Sept 28, 2013. ~~0000000000~~ Though indigents were delivered Oct 1, 2, & 3, the request was put in and the report run before Mr. White was eligible to receive an indigent. This was the only indigent request received by Mr. White.

RESPONDING STAFF MEMBER'S DECISION (attach additional pages if necessary. All pages must include the grievance number.)

We understand that indigent supplies are important. In an effort to alleviate this problem, we ~~now~~ ^{begin} providing indigent supplies twice per month instead of once. ~~000000~~ Indigent supplies ~~are~~ ^{are now} delivered the first week of the month & the week of the 15th. We believe that this ~~is~~ ^{is} an adequate solution to this problem. Thank you for expressing your concerns & bringing our attention to this matter.

Responding Staff Member's Printed Name: Karen Zakharin

Title: Shaw Vending

Responding Staff Member's Signature: *Karen Zakharin*

Date: 11-16-13

Inmate/Resident's Signature (upon receipt): *Mr. White*

Date: 11-16-2013

INMATE/RESIDENT APPEAL (attach additional pages if necessary. All pages must include the grievance number.)

Treat As An Informal Resolution

WARDEN/ADMINISTRATOR'S DECISION (attach additional pages if necessary. All pages must include the grievance number.)

Treat As An Informal Resolution

Warden/Administrator's Signature: _____

Date: _____

Inmate/Resident's Signature (upon receipt): _____

Date: _____

Print Date: 11/4/2013 03:09:20 pm
User Name: COUNSELOR

Individual Inmate Balance History Report - Detailed

CCA TN MD CDF

Name: WHITE, ERICK DEWON
Number: 179580
DOB: 2/9/1979
FACILITY: MDF
UNIT:
CELL:

Available Balance: \$0.47
Pending: \$0.00
Frozen: \$0.00
Owed: \$0.47

TRANSACTIONS

Date	Transaction (Available Date)	Amount	Pending	Money Added	Money Removed	Balance	Money Owed	Owed Credit	Owes	Notes
4/1/2005	IMPORT CREDIT	\$0.95	\$0.00	\$0.95	\$0.00	\$0.95	\$0.00	\$0.00	\$0.00	
3/7/2007	ESCHEATMENT	\$0.95	\$0.00	\$0.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	ESCHEATMENT
5/11/2012	MEDICAL	\$9.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9.00	\$0.00	\$9.00	
5/15/2012	MAIL CREDIT	\$24.00	\$0.00	\$15.00	\$0.00	\$15.00	\$0.00	\$9.00	\$0.00	
5/20/2012	ORDER DEBIT	\$13.33	\$0.00	\$0.00	\$13.33	\$1.67	\$0.00	\$0.00	\$0.00	
5/30/2012	MEDICAL	\$3.00	\$0.00	\$0.00	\$1.67	\$0.00	\$1.33	\$0.00	\$1.33	
7/16/2012	MEDICAL	\$3.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.00	\$0.00	\$4.33	
9/14/2012	MAIL CREDIT	\$25.00	\$0.00	\$20.67	\$0.00	\$20.67	\$0.00	\$4.33	\$0.00	
9/15/2012	ORDER DEBIT	\$20.33	\$0.00	\$0.00	\$20.33	\$0.34	\$0.00	\$0.00	\$0.00	
9/20/2013	INTAKE CREDIT	\$0.31	\$0.00	\$0.31	\$0.00	\$0.65	\$0.00	\$0.00	\$0.00	
6/27/2013	MEDICAL	\$3.00	\$0.00	\$0.00	\$0.65	\$0.00	\$2.35	\$0.00	\$2.35	
7/29/2013	MAIL CREDIT	\$30.00	\$0.00	\$27.65	\$0.00	\$27.65	\$0.00	\$2.35	\$0.00	
8/5/2013	ORDER DEBIT	\$25.42	\$0.00	\$0.00	\$25.42	\$2.23	\$0.00	\$0.00	\$0.00	
8/11/2013	ORDER DEBIT	\$2.18	\$0.00	\$0.00	\$2.18	\$0.05	\$0.00	\$0.00	\$0.00	
8/22/2013	MAIL CREDIT	\$30.00	\$0.00	\$30.00	\$0.00	\$30.05	\$0.00	\$0.00	\$0.00	
8/24/2013	ORDER DEBIT	\$13.01	\$0.00	\$0.00	\$13.01	\$17.04	\$0.00	\$0.00	\$0.00	
8/31/2013	ORDER DEBIT	\$17.03	\$0.00	\$0.00	\$17.03	\$0.01	\$0.00	\$0.00	\$0.00	
10/30/2013	MEDICAL	\$3.00	\$0.00	\$0.00	\$0.01	\$0.00	\$2.99	\$0.00	\$2.99	
10/31/2013	MAIL CREDIT	\$20.00	\$0.00	\$17.01	\$0.00	\$17.01	\$0.00	\$2.99	\$0.00	
11/3/2013	ORDER DEBIT	\$16.54	\$0.00	\$0.00	\$16.54	\$0.47	\$0.00	\$0.00	\$0.00	

claim #3

Print Date: 11/4/2013 03:09:20 pm
User Name: COUNSELOR

Individual Inmate Balance History Report - Detailed

CCA TN MD CDF

Totals	\$111.59	\$111.12	\$18.67	\$18.67
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Emergency!
Emergency!
note: To show that my rights have been getting violated and that the reason why I don't have the other grievance copies.

INMATE REQUEST FORM

(Check only one)

☒ Warden Leibach
☐ Assistant Warden
☐ Chief of Security

☐ Chief of Unit Mgmt
☐ Unit Manager
☐ Case Manager

☐ Education Director
☐ Health Services Supervisor
☐ Other (Specify)

Request: I am having difficulties with the grievance and informal procedures. I filed a grievance about my medical treatment on 10-3-13 that hasn't been heard at all. There are issues about the way my rights are being violated by your employees. I would appreciate it if I could speak with you about this problem. I face to face and see can we rectify this problem.

Inmate's Signature and Number: Enick D. White #174580 Date: 11/5/13

Response: Meeting will be scheduled with appropriate staff next week to discuss your concerns.

C. D. R. C. M. Wardens Secretary
 Staff's Signature and Title: _____ Date: 11/6/13

TN-0002 WHITE - Inmate File YELLOW - Inmate PINK - Staff 800107-3054





Progress Note

Metro Davidson Detention Facility

**5115 Harding Place
Nashville, TN 37211
(615) 831-7088**

Inmate: ERICK D. WHITE
Inmate ID: 1488969
Age/DOB: 34/Feb 09, 1979
Agency No: 0179580 - MET

Allergies

Codeine Derivatives.

Subjective

Pt to sick call for eye exam requesting glasses wears them on the outside
VA UNAIDED OU 20/200 OS 20/200, OD 20/200 will refer to optometry.

Signature

Electronically signed by: James Henrich L.P.N.; 05/25/2012 0920 hours CST.

Initial Intake Screening

13-50A

Facility Name: METRO CCA Today's Date: 06/20/2013 Time: 3:35:17 AM

Last Name, First Name: WHITE, ERICK D #: 0179580 - MET DOB: 02/09/1979

Primary Language: english Communication Barrier: ☒ No ☐ Yes If Yes how resolved?

Next of Kin: Adrian White Relationship: brother Phone #: 6159536684

Arrived with: Transfer Form ☐ No ☒ Yes Medical Record ☒ No ☐ Yes Adv Directives/Living Will: ☒ No ☐ Yes

VITALS: B/P: 108/74 Ht: 5'8 Wt: 180 T: 97 P: 69 R: 18 Diabetic? ☒ No ☐ Yes If yes, BS reading

NURSING OBSERVATION/INMATE REPORTS OF: (CHECK ALL THAT APPLY) ☐ Not Oriented to Time/Place/Person ☐ Nausea/Vomiting

☐ Slurred Speech ☐ Tremors ☐ Aggressive ☐ Disheveled ☐ Movement Limitations ☐ Sweating Profusely

☐ Sick Now ☐ Agitated ☐ Anxious ☐ Dilated or Pinpoint Pupils ☐ Difficulty Breathing - O2 Sat

☐ Reports Recent Injury

****If any symptoms above checked, refer to RN or LIP immediately****

INMATE INQUIRY:

1. Do you have any allergies or medication sensitivities? If Yes, list: ☐ Yes ☒ No
2. Do you have any physical deformities? If Yes, describe: ☐ Yes ☒ No
3. Do you have any prosthetic devices? ☒ Yes ☐ No ***If YES - check all that apply**
- ☒ Glasses ☐ Hearing Aids ☐ Wheelchair ☐ Walker ☐ Orthopedic Brace ☐ Other:
4. Do you have a history of alcohol/tobacco/drug use? ☒ Yes ☐ No ***If YES - check all that apply**
- ☒ Cigarettes ☐ Chewing Tobacco ☒ Marijuana ☐ Heroin ☐ Methamphetamine ☒ Cocaine ☐ IV Drugs ☐ Cigars ☐ Alcohol
- ☐ Other:
- List amount, mode, frequency, and most recent use: last use Jun 5 2013 / used 2-3 times weekly
- Problems when ceasing use? ☐ Yes ☒ No ***If YES list:**
5. Do you have any special health care needs or current medical complaints? ☐ Yes ☒ No ***If YES - check all that apply**
- ☐ Diabetes ☐ Seizures ☐ Hepatitis ☐ A ☐ B ☐ C ☐ Heart Condition ☐ Asthma ☐ STD ☐ HIV ☐ High Blood Pressure
- ☐ Stomach Problems ☐ Gunshot Wound ☐ Active TB (You or a Family Member) ☐ Accident/Head Injury w/ LOC
- ☐ Alcohol/Drug Withdrawal Symptoms ☐ Liver Disease ☐ Other:
- Are you currently receiving physician care or are enrolled in a chronic care clinic for items checked above? ☐ Yes ☒ No
6. Have you ever been hospitalized or had an operation/surgery within the last 6 months? If Yes, describe type/date: ☐ Yes ☒ No
-
7. Have you been seen or were you scheduled to be seen by a specialist/physician? If Yes, please describe: ☐ Yes ☒ No
-
8. Are you having any pain? ☐ Yes ☒ No ***If YES, rate intensity (1-10, 10=max):**
- *If YES describe location:**
9. Are you currently taking any medications? ☐ Yes ☒ No ***If YES - list below - if more than 8, list in Comment Section**

Name	Dose	Frequency	Time/Date of Last Dose

10. Do you have any medications that you keep on your person? ☐ Yes ☒ No ***If YES - list below**
- ☐ Inhaler ☐ Nitroglycerin ☐ Other:
11. Do you have any skin problems or concerns, such as a recent rash, bruising easily, odd/changing color or needle marks? ☐ Yes ☒ No
- *If YES, describe:**
12. Have you been prescribed a special diet(s)? ☐ Yes ☒ No ***If YES - list below**
- *If YES, describe:**
- **Refer to LIP if weight and chronic illness/disease places inmate at nutritional risk****
13. Do you have any dental issues? ☒ Yes ☐ No ***If YES - list below**
- ☒ Cavities ☐ Toothache ☐ Missing/Broken Teeth ☐ Swelling ☐ Gum Disease ☐ Braces
- ☐ Full Dentures ☐ Partial Dentures ☐ Other: ****Refer dental problems to dental staff****

CCA: Metro

(Facility)

WHITE, ERICK D

Date: 08/20/2013

Inmate/Resident Name:

1488969

Inmate/Resident Number:

☒ TB Intake ☐ TB Annual
Symptom Screening

(Annual screening to be completed only for those with positive PPD history)

Have you ever been tested for TB in the last 12 months? - (Applies only to intake screening) ☒ Yes ☐ NoWhat was the result of your last TB test? - (Applies only to intake screening) ☐ Positive ☒ NegativeHave you ever taken TB medication before? - (Applies to intake and annual screening) ☐ Yes ☒ No

Medication

When

Where

*If therapy was not completed, refer to medical provider for history of inadequate treatment.

Complete the Chart below:

Any current complaint of:

Productive, prolonged cough (lasting three weeks or more)

Coughing up blood

Unexplained fatigue

Unexplained weightloss

Yes

No

☐ Yes☒ No☐ Yes☒ No☐ Yes☒ No☐ Yes☒ No

Yes

No

☐ Yes☒ No☐ Yes☒ No☐ Yes☒ No☐ Yes☒ No

Chest pain

Night sweats

Fever, chills

HIV Positive

*If an inmate/resident has positive or negative PPD history and presently has pulmonary TB symptoms accompanied by general systemic symptoms of fever, chills, and night sweats, place in respiratory isolation and call medical provider immediately.

*Inmates/residents known to have HIV infection should have a chest x-ray taken as part of the initial screening regardless of their tuberculin skin-test status.

Intake MRSA Screening

Do you have any open or draining sores? ☐ Yes ☒ NoDo you have any bites (i.e., spider, mosquito, etc.)? ☐ Yes ☒ NoDo you have any areas of skin infection? ☐ Yes ☒ No

If yes to any of the above, list where

*If an inmate/resident has any open draining sores, isolation in Medical Observation is indicated until the LIP clears the inmate/resident for general population

Examiner's Name: Justice, Diane

Date: 08/20/2013

Title: LPN

Mental Health - Initial or Follow-up Visit

13-6D

Name: WHITE, ERICK D Inmate/Resident # 0179580 - MET DOB 02/09/1979
 Facility: METRO J Date/Time: 07/09/2013 9:10:06 AM

SUBJECTIVE (Check all that apply)

Unmarked box = not present. If additional writing space is needed to elaborate, use page 4 and reference numbers 1-4

- 1) Reason for this visit: ☒ Initial ☐ Follow up
- 2) Referral source:
☐ Sick Call ☒ Intake ☐ Medical Staff ☐ Security ☐ Follow-up

3) Chief complaint:

- ☐ Depression ☐ Anxiety ☐ Psychosis ☐ Irritability
☐ Fear ☐ Anger ☐ Sleeplessness ☐ Decrease energy
☐ Thoughts of self-injury ☐ Drug withdrawal ☐ Change in appetite ☐ Poor concentration
☒ Other (please describe)

Pt seen secondary to referral. He was at Metro in 2012 and did not receive MH treatment at that time. He has vague c/o depression that comes and goes. No job or school assignment at present. Waiting to go to RDAP. He endorses no deficits to daily functioning and is in no acute distress. See pg 4 for detailed hx

4) Please describe current signs and symptoms and/or responses to treatment:

stable on no meds

OBJECTIVE

(Check all that apply)

Unmarked box = not present. If additional writing space is needed to elaborate, use page 4 and reference numbers 5-12

5) Please check all that apply:

- Appearance: ☒ Neat ☐ Disheveled ☐ Bizarre ☐ Tense ☐ Poised ☒ Appropriate
 Behavior: ☒ Calm ☐ Agitated ☐ Paranoid ☐ Restless ☒ Cooperative
 Mood: ☐ Depressed ☐ Anxious ☐ Labile ☒ Euthymic ☐ Frightened
 Affect: ☐ Blunted ☒ Within normal limits ☐ Flat ☐ Constricted
 Speech: ☐ Rapid ☐ Pressured ☐ Mumbled ☐ Soft ☒ Normal
 Perception: ☐ Hallucinations ☐ Illusions ☒ No abnormalities
 Thought process: ☒ Organized ☐ Racing ☐ Loose associations ☐ Flight of ideas
 Thought content: ☐ Suicidal ☐ Homicidal ☐ Delusions ☐ Paranoia ☐ Phobias

6) Oriented to person, place, and time: ☒ Yes ☐ No Specify denies SI/HI

7) Concentration intact: ☒ Yes ☐ No Memory intact: ☒ Yes ☐ No

8) Abstract thinking intact: ☒ Yes ☐ No Insight and judgement intact: ☒ Yes ☐ No

9) Reliable history and information: Record ☒ Yes ☐ No From patient: ☒ Yes ☐ No

Name: WHITE, ERICK D Inmate/Resident # 0179580 - MET
 Signature: Turner, Staci ☒ LIP ☐ QMHP Date: 07/09/2013

OBJECTIVE

(continued) (Check ☒ that apply)

Unmarked box = not present.

If additional writing space is needed to elaborate, use page 4 and reference numbers 5-12

10) For new patients check all that apply:

- ☒ Prior mental health treatment
☐ History of psychiatric hospitalization
☐ Prior suicide attempt
☐ Recent suicidal/homicidal ideations
☐ Current treatment with psychotropics

11) Comments regarding result of AIMS assessment (if receiving antipsychotics / neuroleptics / phenothiazines):

12) Current Medications:

☒ Reviewed Compliant with current medication regimen and/or treatment?

☐ No ☐ Yes

**It is unacceptable to document

see MAR.

Medication name, Dosage and Frequency must be completed

Medication	Dosage	Frequency
none		

Have medications or disages changed over the past 8 weeks?

☐ N

☐ Yes.

Specify

Medication Allergies?

☒ N

☐ Yes.

List

ASSESSMENT

(Check all that apply)

Unmarked box = not present.

If additional writing space is needed to elaborate, use page 4 and reference number 13

13) Diagnosis:

AXIS I	Cannabis Abuse 305.20, Cocaine Dependence 304.20
AXIS II	Deferred 799.9
AXIS III	GERD, s/p abdominal hernia repair, s/p R knee surgery, s/p head trauma w/ LOC
AXIS IV	incarceration
AXIS V	70 current

Name: WHITE, ERICK D

Inmate/Resident #

0179580 - MET

Signature: Turner, Staci

☒ LIP

☐ QMHP

Date:

07/09/2013

PLAN (action taken this visit)

Unmarked box = not present. If additional writing space is needed to elaborate, use page 4 and reference numbers 14-17

14) Plan: Include new meds prescribed and/or dosage changes

No clinical indication for MH meds at this time

**** Female offenders must have a pregnancy test prior to initiation of psychotropic medications**

15) Follow-up:

no F/U scheduled
Pt may self refer PRN

16) Education:

Counseled on Medication Effects & S/E	<input checked="" type="radio"/> Yes <input type="radio"/> No	Counseled on Medication Compliance	<input checked="" type="radio"/> Yes <input type="radio"/> No
Counseled on Signs of Toxicity	<input checked="" type="radio"/> Yes <input type="radio"/> No	Informed Consent for Medication	<input checked="" type="radio"/> Yes <input type="radio"/> No

17) Return visit: ☐ 2 weeks ☐ 1 month ☐ 3 months ☒ other PRN

(order must be written for next scheduled visit, to include laboratory testing, diet, medications, or other therapies)

Name: WHITE, ERICK D

Inmate/Resident# 0179580 - MET

Signature: Turner, Staci

☒ LIP ☐ QMHP

Date: 07/09/2013

SUBJECTIVE

(Continued using reference numbers 1-4)

Here on parole violation. Caught some new charges and asked to be violated.
Orig charge: possession
He will go back to court soon
From Nashville area and has family here who are supportive
Engaged, fiancée lives in Dickson, has 6 children ages, 13, 13, 12, 5, 3, 1, one on the way
+GED, no special ed classes
no military service, no disability drawn
Work hx: temp services, detailing cars, painting. Last job held was March 2013
no MH hospitalizations
+ MH OP tx in Cleveland, TN and at Meharry
Past meds: Elavil-caused constipation, Risperdal (never took)
Denies SA or SIB

OBJECTIVE

(Continued using reference numbers 5-12)

ASSESSMENT

(Continued using reference numbers 13)

PLAN

(Continued using reference numbers 14-17)

Name:

WHITE, ERICK D

Inmate/Resident #

0179580 - MET

Signature:

Turner, Staci

☒ LIP☐ QMHP**Date:**

07/09/2013

Comprehensive Mental Health Evaluation

13-61A

Facility:

Inmate/Resident Name:

WHITE, ERICK D

Date of Evaluation:

06/20/2013

Inmate/Resident No.:

0179580 - MET

Date of Birth:

02/09/1979

Type of Evaluation:

☒ Admission/Mental Health Intake

☐ Segregation Review:

☐ 30 day

☐ 90 day

☐ Other (specify)

Note:

Complete Section 1 and 2 below for Admissions.

Complete Section 2 for all other instances.

SECTION 1: MENTAL HEALTH HISTORY

☒ Yes

☐ No

History of Psychiatric hospitalization and/or outpatient psychiatric treatment

Meharry 2012 diagnosed with Depression

☒ Yes

☐ No

History of prescribed psychotropic medication. List:

Respidol 2012 last dose

☒ Yes

☐ No

History of suicide attempts or suicidal ideation

SI no attempt

☒ Yes

☐ No

History of drug or alcohol abuse and/or dependence

Cocaine

☐ Yes

☒ No

History of drug or alcohol treatment

☐ Yes

☒ No

History of placement in special education programs

☐ Yes

☒ No

History of sex offense(s)

☒ Yes

☐ No

History of victimization due to criminal violence

Struck by gunfire

☐ Yes

☒ No

History of expressively violent behavior (interpersonal violence with the goal of injuring another person)

☐ Yes

☒ No

Abnormal emotional response to previous or current incarceration

SECTION 2: MENTAL STATUS

☒ Yes

☐ No

Oriented x 4, (person, place, time, and circumstance)

☒ Yes

☐ No

Affect and mood within normal limits

☒ Yes

☐ No

Speech normal in tone and structure, goal directed

☐ Yes

☒ No

Endorses suicidal ideation (if present describe)

☐ Yes

☒ No

Self Harming plans and intentions are present (describe)

☐ Yes

☒ No

Endorses violent/homicidal ideation (describe)

☐ Yes

☒ No

Plans and intentions for violence are present (describe)

☒ Yes

☐ No

Endorses auditory, visual, or other hallucinations

Command Hallucinations

☐ Yes

☒ No

Expresses delusional thought content

☐ Yes

☒ No

Expressed thought content orderly and goal directed

☐ Yes

☒ No

Judgment and insight are impaired

☒ Yes

☐ No

Intellect is estimated to be average or above

☐ Yes

☒ No

Unusual number or type of stressors present (describe)

☐ Yes

☒ No

Currently prescribed Psychotropic Medication List:

☐ Yes

☒ No

Compliant with Medication

Impressions:

IM reports a history of Depression and admission for Psychiatric care. IM reports command hallucinations in the past. IM denies SI/HI at the time of this interview. IM will be referred to Psychiatry for Medication Evaluation.

Actions taken:

MH services will continue to monitor IM for any mental status changes. Psychiatry will be informed of med hx.

QMHP Signature:

Bransford Jr, Henry

Date:

06/20/2013

05/23/11

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DIZZINESS? LIGHTHEADED (Ex. Vertigo)

Inmate Name: WHITE, ERICK D

Agency #: 0179580 - MET

DOB: 02/09/1979

Facility: mndof

Date: 10/18/2013

Time: 02:10:12 PM

ATTENTION: IF A PROFESSIONAL JUDGMENT IS REQUIRED BEYOND YOUR SCOPE OF PRACTICE SET FORTH BY THE NURSING PRACTICE ACT OF YOUR STATE OR YOU HAVE QUESTIONS ABOUT HOW TO PROCEED, YOU MUST CONSULT WITH A HIGHER DISCIPLINE.

SUBJECTIVE (Check all that apply)

CALL 9-1-1 FOR ALTERED STATES OF CONSCIOUSNESS or IF PATIENT/INMATE IS UNRESPONSIVE, REFER IMMEDIATELY TO AN LIP PENDING ARRIVAL OF EMS. Document all findings for an emergency on the Emergency Flowsheet 13-34A1

**NOTE: If patient presents with head trauma/injury utilize HEAD TRAUMA/INJURY Protocol and notify LIP immediately.

1) Chief Complaint: (in patient's own words) I been dizzy and lught headed from not getting enough food , for the last when im on the street i can eat all the time i need mroe food here, you have to send my blood to the lab to test for diabetes my mom has it my grandma died from it

2) Onset of Symptoms: 2 ☐ hour(s) ☐ day(s) ☐ week(s) ☐ month(s) ☒ other: years ☐ New ☐ Recurrent ☐ Chronic

3) Are you allergic to anything (e.g. medications, bee stings)? ☐ No ☒ Yes - describe

codiene

4) Do you have a history of:

☐ New or recent change in medication - when:

none

☐ Loss of conscious - when:

na

☐ Recent head injury - when:

na

☐ Recent exposure to sun - when:

na

☒ Dizziness - when: today the last 8 minutes

☐ Recent fever/chills - duration

na

5) Are you experiencing any of the following?

☐ numbness ☐ weakness ☐ headache ☐ visual disturbances ☐ nausea ☐ vomiting ☐ ringing in ears ☐ pain in ears
☐ loss of hearing ☐ room appears to be spinning ☐ fever/chills

SUBJECTIVE FINDINGS (continued): NA

FINDINGS REQUIRING IMMEDIATE CONSULTATION WITH LICENSED INDEPENDENT PROVIDER (LIP):

☐ Any new onset dizziness; change in dizziness from mild to severe; recent history of vertigo ☐ seizure activity
☐ Severe headache; overexposure to sun; nausea/vomiting; probable dehydration; disorientation; ☐ recent change in medication
☐ Any loss of consciousness (self-reported or witnessed); change in vision ☐ bleeding; any ear symptoms

OBJECTIVE (Check all that apply use space below for additional comments)

6) Vital Signs: B/P: lying 107/72 standing 105/71 Pulse: 65 ☒ regular ☐ irregular Respirations: 18
 Temp: 98.4 O2 Sat: 98 Blood Sugar: 116

7) Orientation: ☒ person ☒ place ☒ time

8) Affect: ☒ awake ☒ alert ☐ lethargic/drowsiness ☐ confused ☐ irritable/agitated ☐ flat ☐ other:

9) Skin: ☐ pale ☐ clammy ☐ cyanotic ☐ jaundiced ☐ facial flushing ☒ no abnormalities

10) Pupils: ☒ equal ☐ unequal ☐ reactive ☐ unreactive ☐ pinpoint

11) Ears: ☐ drainage ☐ trauma ☐ bleeding ☒ no abnormalities

12) Coordination: ☐ abnormal gait ☐ muscle spasms ☐ unable to move all extremities, list

NA

13) Is patient being followed in Chronic Care? ☒ No ☐ Yes - If yes, list

14) Has the patient been seen previously at sick call for this complaint? ☒ No ☐ Yes - list date(s)

(Note: if the patient has been seen two or more times for this same complaint, referral to an LIP is necessary)

15) Current Medications: ☒ Reviewed with patient - ☒ no issues ☐ issues

OBJECTIVE FINDINGS (continued):

FINDINGS REQUIRING IMMEDIATE CONSULTATION WITH LICENSED INDEPENDENT PROVIDER (LIP):

☐ Temp < 96F or > 101F ☐ Resp. < 14 or > 24 ☐ Pulse < 50 or > 110 ☐ BP: sys < 90 or > 160 / dia > 100

☐ Any neurological deficits (unequal pupils, difficulty walking/abnormal gait, weakness, numbness, facial symmetry, disorientation); ear drainage; postural drop in blood pressure:

If LPN instructed to follow nursing intervention plan of care, consulted with: Name

AGUNGA

Title Rn

Medical Provider/RN Notified Date:

Time

☐ AM ☐ PM

Emergency department notification time:

Transport time:

Signature: Henrich, James

Title LPN

Date: 10/18/2013

Time 02:10:12 PM

☐ AM ☐ PM

ASSESSMENT:

EXPLAIN ASSESSMENT DECISION RELATED TO CLINICAL FINDINGS

Findings requiring immediate consultation with Licensed Independent Provider (LIP)

- ☐ Any new onset dizziness; change in dizziness from mild to severe; recent history of vertigo
 ☐ seizure activity
 ☐ recent change in medication
- ☐ Severe headache; overexposure to sun; nausea/vomiting; probable dehydration; disorientation;
 ☐ bleeding; any ear symptoms
- ☐ Any loss of consciousness (self-reported or witnessed); change in vision
- ☐ Temp < 96F or > 101F
 ☐ Resp. < 14 or > 24
 ☐ Pulse < 50 or > 110
 ☐ BP: sys < 90 or > 170 / dia > 100
 ☐ postural drop in blood pressure
- ☐ Any neurological deficits (unequal pupils, difficulty walking/abnormal gait, weakness, numbness, facial symmetry, disorientation); ear drainage

Findings requiring urgent consultation with Licensed Independent Provider (LIP)

- ☐ Fever/chills with dizziness/lightheadedness

PLANE

- ☒ Consulted with: Name Title
- ☐ Orders received - ☒ No ☐ Yes. If yes, list
- ☒ Disposition -
- ☐ Emergent referral (immediately) ☐ Urgent referral (within 24 hrs)
- ☐ Scheduled with Provider: Name Title
- ☒ Return to clinic if symptoms worsen ☐ None
- ☒ Patient Education -
- ☒ Instructed to sit when feeling dizzy to avoid injury, avoid rapid movement/change in position
- ☒ Medication use
- ☒ Follow-up sick call if no improvement within 4 days.
- ☒ Inmate verbalizes understanding of instructions.

PLAN (continued)

return to clinic pm

Signature: Henrich, James Title: lpn Date: 10/18/2013 Time: 02:10:12 PM ☒ AM ☐ PM

INSTITUTIONAL EYE CARE

P.O. Box 390
Lewisburg, PA 17837

(570) 523-3493
FAX (570) 524-2817

PATIENT		DATE			
White, Erick		10-21-13			
NUMBER		INSTITUTION			
017 9580		CCAMH			
	SPHERE	CYLINDER	AXIS	PRISM	BASE
OD	-3.00	0.75	090		
OS	-3.00	0.75	090		
	ADD	HEIGHT	DIST PD	NEAR PD	SEG STYLE
OD			65		
OS					

LENS COLOR/COATINGS

FRAME		STYLE		FRAME COLOR	
EYE SIZE	BRIDGE	TEMPLE	HEAT	CHEM	
DATE REC'D		DROP BALL		FINAL INSPECTION	

LENSES: _____

FRAME: _____

OVERSIZE: _____

TINT/PGX: _____

CHEM. TEMP. GLASS: _____

DIOPTERS: _____

S/H: _____

TOTAL DUE (\$): _____

VISION SAFETY NOTICE:

• Your lenses meet or exceed American National Standard Z80.1 and FDA requirement 21 CFR Sec 801.410 for impact resistance but are not unbreakable or shatterproof. Of all the materials that lenses can be made from polycarbonate is the most impact resistant.

• If struck with sufficient force, the lenses can break into sharp pieces that can cause serious injury to the eye, or blindness. Even if the lenses do not break, the force of impact may cause the lenses or spectacle frame to contact the eye or surrounding area causing injury.

• The continued impact resistance of your lenses depends on how well you protect them from physical shocks and abuse. For your own protection, scratched or pitted lenses should be replaced immediately.

• If your occupational or recreational activities expose you to the risk of flying objects or physical impacts, your eye safety requires special safety spectacles with safety lenses, side shields, goggles and/or a full face shield.

Sick Call Request (Co-Pay)

MAY 25

MAY 20

#3

Part A: (To be completed by patient inmate/resident)Date: 5-22Work Assignment: Food-PrepWork Hours: not assigned yetHousing Assignment: H-UnitReason for requesting Health Services Appointment (BE SPECIFIC): need glasses eye examHow long have you had this problem? for a whileInmate (Print Name): Erick WhiteInmate Number: 179580Inmate/Resident Signature: E-WhiteDate of Birth: 2-9-79**Part B: (Medical Staff Only)**

Services and Meds Provided:

Health Services Signature:

Date:

Charge Receipt**Part C: (To be completed by patient inmate/resident)**Inmate Name (Print): Erick WhiteInmate Number: 179580Date: 5-22-2012Work Assignment: Food-PrepWork Hours: not assigned yetHousing Assignment: Hotel 216

I understand that I will be charged for each chargeable medical/psychiatric/dental service I receive and for each chargeable medication ordered. I also understand that if the Facility determines I am indigent or funds are unavailable at the time of service, a hold will be placed on my trust fund account and I will be charged when funds become available.

This request authorizes disbursement from my trust fund account.

Inmate/Resident Signature: E-WhiteDate: 5-22-2012**Part D: (To be completed by Medical Staff)****Charges:**The inmate/resident received chargeable medical services @ \$ 3.00

The inmate/resident received chargeable psychiatric services @ \$

The inmate/resident received chargeable dental services @ \$

The inmate/resident received medications @ \$ each

Health Services Initials: [Signature]

Link: Inmate/Resident

White: Medical Records

Yellow: Parts C & D - Business Office

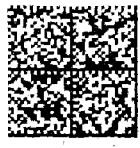
8/23/09

Mr. Erick D. White #179580
448 8th Ave North
Davidson County Sheriff's Office
Nash, Tenn 37201

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